

N10000004267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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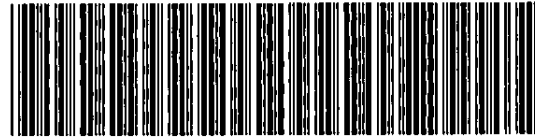
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 03 2010

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: QUINCY COMMUNITY AND FAMILY HEALTH CENTER, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: COLLEEN B MERINGOLO

Name (Printed or typed)

2425 WAYSIDE FARM ROAD

Address

HAVANA FLORIDA 32333

City, State & Zip

850-694-0016

Daytime Telephone number

COLLEEN.MERINGOLO@ATT.NET

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 30 PM 4:51

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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

### ARTICLE I NAME

The name of the corporation shall be:

QUINCY COMMUNITY AND FAMILY HEALTH CENTER, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

514 WEST JEFFERSON STREET QUINCY FLORIDA 32353

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE COMMUNITY AND FAMILY PRACTICE HEALTH CARE TO PERSONS AND FAMILIES  
IN THE GADSDEN COUNTY AND QUINCY AREA

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS WILL BE APPOINTED BY CEO

### ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

COLLEEN MERINGOLO CEO, 2425 WAYSIDE FARM ROAD HAVANA FLA 32333

EMLYN LOUIS, MD PRESIDENT 10284 MEDICIS PLACE WELLINGTON FLORIDA 22449

ANTHONY D. STEPHENS DIRECTOR OF OPERATIONS 44 ANCHORS WAY CRAWFORDVILLE  
FLA 32327

MARSHA J. HUSZAGH ARNP 194 MEADOW RIDGE DRIVE TALLAHASSEE FLA 32312

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ANTHONY D. STEPHENS 44 ANCHORS WAY CRAWFORDVILLE FLA 32327

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

COLLEEN MERINGOLO CEO, 2425 WAYSIDE FARM ROAD HAVANA FLA 32333

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated  
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

04/30/2010

Date

04/30/2010

Date

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TALLAHASSEE, FLORIDA  
CLERK OF STATE